

### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) Summary Sheet

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side 19 PM 3: 10

IS THIS AN AMENDMENT? Yes

No

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COMMITTEE INFORMATION	la servicio de la co	replace.	and the second	r (kwoletyji) (spirateku
1. Full Name of Committee (as on Statement of Organization). Check if this is a new	v name –			
Coldwell for Tudge				
Acronym or Abbreviated Name (if any)	3. Committee Telephone Number			
Loding you do fow in	(317	(3)7 )7730880		
4. Mailing Address (address, where all campaign finance correspondence is received)	Check if this	is a new a	ddress	42 May 2 West 1
88 19th St				
5. City, State, ZIP Code	6. Party Affiliation (if applicable)			
Mobles Ville IN. 46060				
CANDIDATE INFORMATION (For Candidate's	Committee	es Only)		alested and the first state of
7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate			nt Candidate
CRECORY L (GREG) CALDWELL	REPUBLICAN			N
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Residence			
NOBLESVILLE CITY JUDGE	H	AMIL		and the second second
TYPE OF REPORT			CONVENTIO	N CANDIDATES ONLY
11. Check one:		5 5 6	Check one:	
Pre-Primary Pre-Election Annual Nomination Other			Pre-Con	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	t of Organization)	an control	☐ Post-Cor	nvention
12. Reporting Period:		COL	UMN A	COLUMN B 12
From: MARLH 2007 Through: APRIL &	2007	This	Period	inii Year to Date Iron
13. Cash on hand and investments at the beginning of this reporting period.				s reporting period state.
14. Cash on hand and investments January 1, current year.	20		Vali ciment \e	ROMO HIS Albar
GONTRIBUTIONS AND RECEIPTS		TANDEST SUPPLIED BY	the state of the state of the state of	Bitmont E-risker som to rome in special
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		THE REPORT	TOURINGS, SPICEL	Its to will be disting
15a. Itemized (use Schedule A)		4,	10000	31 /
15b. Unitemized		700	0 0	9600
	BTOTAL	7600	0	7600
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	SHOWN SOUTH	00	\$ 600
EXPENDITURES.	in a little and a	是認為		
(Note: These amounts include in-kind expenditures and loan repayments.)	-	la lighta expl	enditules and	an reprograms the No
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	State of	41	8.70	918.70
17b. Unitemized	031.03	/	41	If at
	JBTOTAL	41	8.70	718.70
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	18	1.30	181.30
19. Debts OWED BY the committee (use Schedule D)		4	2.40	in a service department (9)
20. Debts OWED TO the committee (use Schedule E)	S. S. C. LITTER OF	tell three	Total man a	POPULATION OF THE PROPERTY OF

CERTIFICATION

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Signature on File

WARKING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17) IC 3-9-4-17



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# (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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Page	1	of	)	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
LOGAN STREET SIGNS 1726 5 10TH NOBLESVILLE	MAKE SIGNS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	418.70	418.70	4-4-07
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			rti-
Code	TOMERAS DO COME DESCRIPTION DESCRIPTION OF THE PROPERTY OF T	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	tost	ea Comp Tonos	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Code	TOTAL PROPERTY OF COMMENTS OF	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TOTAL OF ALL PA	SUBTOTAL THIS PAC AGES OF SCHEDULE B ON THI (Enter total on ITEM 17a of	E LAST PAGE ONLY	s 418.70 s 418.70	samacier i	s, Sear and



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### (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

(Enter total on ITEM 19 of the Summary Sheet)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

		Residen	
16.72	1-17	- to-co	

CREDITOR'S OR LENDER'S NAME  & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
LOGAN ST SIENS		42.40	PRODUCT	418.70	42.40
1720 S 107H NOBLESVILLE	TO DESCRIPTION OF A STREET OF	TOTAL DATE OF A CASE TOTAL DAT	SHAME SHOW STATES HELD STATES HOUSE	100 100	
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LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION.	Manufacture and the	IN ENTRANSIE	SF 100700 000		- Control
LEADERS CONTRACTOR					
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE O	F SCHEDULE D	5 42.42 5 42.42
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet					